



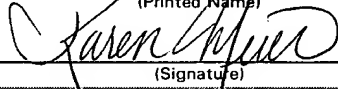
10-28-03

AF/2800

Atty. Dkt. No. 039153-0223 (E0554)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Yu  
Title: MOS TRANSISTOR WITH  
ASYMMETRICAL  
SOURCE/DRAIN EXTENSIONS  
Appl. No.: 09/476,961  
Filing Date: 01/03/2000  
Examiner: Warren, M.  
Art Unit: 2815

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
<b>EL 979071725 US</b>	<b>10/27/03</b>
(Express Mail Label Number)	(Date of Deposit)
<b>Karen Meier</b>	
(Printed Name)	
	
(Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

**Mail Stop AF**  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated July 28, 2003 of the Examiner finally rejecting Claims 18, 21-25 and 28-37.

- ☐ Applicant claims small entity status.
- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☐ To be paid as detailed below
- ☒ Not required (Fee paid in prior appeal)

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The required fees are calculated below:

<input type="checkbox"/>		Notice of Appeal Fee	\$0.00
<input type="checkbox"/>		Extension month:	\$0.00
<input type="checkbox"/>		Extension:	\$0.00
		FEE TOTAL:	\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
		TOTAL FEE:	\$0.00

- ☐ Please charge Deposit Account No. 06-1447 in the amount of \$0.00 . A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10/27/03

By Jean M. Tibbetts

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Jean M. Tibbetts  
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